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CONFIRMATION NO. 4451

SERIAL NUMBER 10/627,660	FILING OR 371(c) DATE 07/28/2003 RULE	CLASS 417	GROUP ART UNIT 3753	ATTORNEY DOCKET NO. 032722-571
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APPLICANTS

Earl W. Clausen, Eden Prairie, MN;
 LLOYD C. Hubbard, Deephaven, MN;

**** CONTINUING DATA *******

This application is a REI of 07/426,102 10/24/1989 PAT 4,984,972

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

04/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

ADDRESS

46909

TITLE

Centrifugal blood pump

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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